MAXIMUS Federal Services

Case Number:	CM14-0139035		
Date Assigned:	09/05/2014	Date of Injury:	04/23/2013
Decision Date:	10/07/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/27/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Pain Management and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 24 year-old male who sustained work-related injuries on April 23, 2013. He underwent a magnetic resonance imaging (MRI) scan of the lumbar spine without contrast on May 7, 2014 and results revealed diffuse disc bulge at L4-L5 resulting in mild to moderate left foraminal narrowing. No central stenosis was seen at this level. He also underwent magnetic resonance imaging (MRI) scan of the cervical spine without contrast and findings revealed no significant disc herniation, canal compromise or foraminal narrowing was seen. Per medical records dated May 21, 2014, the injured worker had a follow-up visit and reported that he had a magnetic resonance imaging (MRI) done and results were negative. He complained of cervical spine pain, thoracic spine pain, and lumbar spine pain from an electric shock when he fell off the sidewalk. He has undergone physical therapy which caused improvement. On examination, he has full range of motion of the neck, lumbar spine and thoracic spine but on flexion and extension of his neck caused pain in the right side of the thoracic spine abduction of the shoulders decreases pain. Adduction of the shoulders caused pain. As per medical records dated July 23, 2014, the injured worker complained of neck and mid back pain. On examination, range of motion was limited and pain was noted with change of position. A supplemental report dated July 9, 2014 documents that he has an old sprained left ankle with fracture in 2005, left hand trauma with swelling in June 2008, and a motor vehicle accident in July 4, 2010. He underwent chiropractic treatment to the neck in which resulted to slow improvement and in December 2010 he was feeling better and on examination of the neck and thoracic spine normal results were found. He is diagnosed with (a) cervical spine sprain and strain, (b) thoracic spine sprain and strain and (c) lumbosacral spondylosis without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Stimulation for Work Condition: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

Decision rationale: Prior to a work conditioning/hardening program, the injured worker must be able to meet the Criteria for Admission to a Work Hardening Program provided by evidence-based guidelines. After review of this injured worker's clinical presentation, it is certain that the injured worker sustained a work-related musculoskeletal condition with functional limitations, he has tried an adequate trial of physical or occupational therapy with improvement followed by a plateau but not likely to benefit from continued physical or occupational therapy or general conditioning, and is not a candidate where surgery or other treatments would clearly be warranted to improve function. However, the documentation presented does not indicate that he had undergone a prior functional capacity evaluation (FCE) in order to show consistent results with maximal efforts demonstrating capacities below an employer verified physical demand analysis. There is also no documented or defined return to work goal agreed by the employer or employee and there is no laid down program that is made by the injured worker's provider which should be completed in 4 weeks consecutively or less. Without the aforementioned components, although the criteria have been partially met, the medical necessity of the requested unknown quantity/frequency of stimulation for work condition is not established.

Gym Membership: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Gym memberships

Decision rationale: Evidence-based guidelines indicate that gym membership is not recommended unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment. Plus, treatment needs to be monitored and administered by medical professionals. In this case, review of this injured worker's documents does not indicate that a home exercise program has not been effective and there is also no indication that there is a need for the use of equipment. Also, there is no indication that a medical professional is needed in order to monitor and administer a supervised exercise program or there is no indication that he cannot do instructed exercises on his own. In addition, there is no indication that the injured worker would receive additional benefits with supervised exercise regimen. Based on these reasons, the medical necessity of the requested one year gym membership is not established.